

Case Number:	CM15-0022945		
Date Assigned:	02/12/2015	Date of Injury:	05/18/2011
Decision Date:	04/03/2015	UR Denial Date:	01/22/2015
Priority:	Standard	Application Received:	02/06/2015

HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to an expert reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. He/she has been in active clinical practice for more than five years and is currently working at least 24 hours a week in active practice. The expert reviewer was selected based on his/her clinical experience, education, background, and expertise in the same or similar specialties that evaluate and/or treat the medical condition and disputed items/Service. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

The Expert Reviewer has the following credentials:
 State(s) of Licensure: California, Arizona
 Certification(s)/Specialty: Physical Medicine & Rehabilitation

CLINICAL CASE SUMMARY

The expert reviewer developed the following clinical case summary based on a review of the case file, including all medical records:

The injured worker is a 59-year-old male who reported an injury on 11/19/2010. On 12/30/2014, he presented for a followup evaluation. He reported right shoulder pain problems rated at a 2/10 in severity. A physical examination showed spasms noted in the right shoulder musculature region. Right shoulder abduction, forward flexion, and internal rotation were near normal but associated with discomfort. Strength was a 5/5 and otherwise there was no noted change. He was diagnosed with status post partial rotator cuff repair in right shoulder, chronic right shoulder pain, status post decompression of subacromial space with partial acromioplasty, and adhesive capsulitis of the right shoulder. The treatment plan was for Lidoderm DIS 5% #30. The rationale for treatment was not provided.

IMR ISSUES, DECISIONS AND RATIONALES

The Final Determination was based on decisions for the disputed items/services set forth below:

Lidoderm DIS 5% # 30: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 111-113.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics Page(s): 111-114.

Decision rationale: The California MTUS Guidelines indicate that topical analgesics are primarily recommended for neuropathic pain when trials of antidepressants and anticonvulsants have failed. The documentation provided does not indicate that the injured worker had not responded to first line therapy oral medications or that he was intolerant of oral medications to support the request. Also, there was no indication that the injured worker is suffering from neuropathic pain. Furthermore, the frequency of the medication was not stated within the request. Therefore, the request is not supported. As such, the request is not medically necessary.